

#3

Atty Dkt No. PP016065.003
2300-16065

COMBINED DECLARATION AND POWER OF ATTORNEY
FOR UTILITY PATENT APPLICATION

AS A BELOW-NAMED INVENTOR, I HEREBY DECLARE THAT:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if more than one name is listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: METHODS OF TRANSDUCING NEURAL CELLS USING LENTIVIRUS VECTORS the specification of which

_____ is attached hereto
X was filed on May 25, 2001

and assigned Serial No. 09/866,532

I HAVE REVIEWED AND UNDERSTAND THE CONTENTS OF THE ABOVE-IDENTIFIED SPECIFICATION, INCLUDING THE CLAIMS, AS AMENDED BY ANY AMENDMENT REFERRED TO ABOVE.

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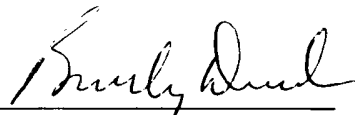
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Citizenship: US
Residence: North Liberty, IA
Post Office Address: 3640 Johnston Way, N.E., North Liberty, IA 52317

Date 10/23/01

✓ Signature: Joseph M. Alisky

Date 10-24-01

Full Name of Inventor: Joseph M. ALISKY

Citizenship: US

Residence: Iowa City, IA

Post Office Address: 35 Valley Avenue, Apt. 8, Iowa City, IA 52242

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Full Name of Inventor: Thomas W. DUBENSKY, Jr.

Citizenship: US

Residence: Piedmont, CA

Post Office Address: 6 Pacific Avenue, Piedmont, CA 94611

✓ Signature: Stephanie M. Hughes

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Citizenship: New Zealand

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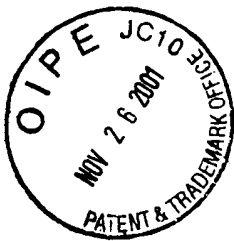
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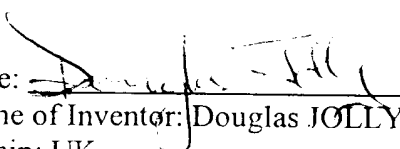
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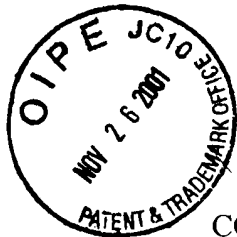
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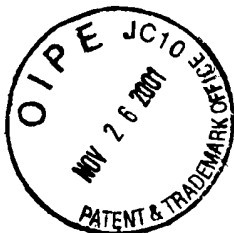
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Post Office Address: 3640 Johnston Way, N.E., North Liberty, IA 52317

Signature: _____

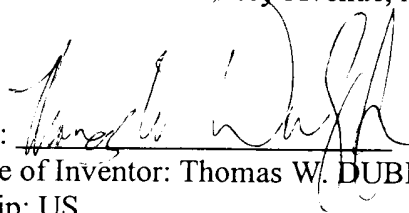
Date _____

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